





## CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

|                                     |  |                  |  |                                 |  |
|-------------------------------------|--|------------------|--|---------------------------------|--|
| <b>Section A</b>                    |  | <b>Section B</b> |  | <b>Section C</b>                |  |
| <b>Required Client Information:</b> |  |                  |  |                                 |  |
| Company                             |  | USS Corporation  |  | Report To: Tom Moe              |  |
| Address                             |  | P O. Box 417     |  | Copy To:                        |  |
| Mtl. Iron, MN 55785                 |  |                  |  | Company Name:                   |  |
| Email:                              |  |                  |  | Address:                        |  |
| Phone:                              |  |                  |  | Purchase Order #:               |  |
| Requested Due Date:                 |  |                  |  | Project Name: NPDES-LINE 3 Wkly |  |
|                                     |  |                  |  | Fax:                            |  |
|                                     |  |                  |  | Project #:                      |  |
|                                     |  |                  |  | Pace Quote:                     |  |
|                                     |  |                  |  | Pace Project Manag              |  |
|                                     |  |                  |  | Pace Profile #:                 |  |

|   |                                    |  |
|---|------------------------------------|--|
|  | Document Name:                     | Document Revised: 23Feb2015                                |
|   | Sample Condition Upon Receipt Form | Page 1 of 1  |
|   | Document No.: F-VM-C-001-Rev.09    | Issuing Authority: Pace Virginia, Minnesota Quality Office |

|   |                        |   |
|---|------------------------|---|
| <b>Sample Condition Upon Receipt</b>  | Client Name:           | Project #:  |
|   | <u>USS Corporation</u> | <b>WO#: 1266878</b><br> |
| Courier: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Client<br><input type="checkbox"/> Commercial <input type="checkbox"/> Pace <input type="checkbox"/> Other: |                        |   |
| Tracking Number:  |                        |   |

|                                      |  |  |   |                           |  |
|--------------------------------------|--|--|---|---------------------------|--|
| Custody Seal on Cooler/Box Present?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Seals Intact?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Optional: Proj. Due Date: | Proj. Name:  |
| Packing Material:                    | <input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Bubble Bags <input type="checkbox"/> None <input checked="" type="checkbox"/> Other: <u>Hazmat</u> | Temp Blank?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |                           |  |
| Thermometer Used:                    | <input checked="" type="checkbox"/> 140792808  | Type of Ice:   | <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> None <input checked="" type="checkbox"/> Samples on Ice, cooling process has begun |                           |  |
| Cooler Temp Read °C:                 | <u>1.7</u>   | Cooler Temp Corrected °C:                                      | <u>2.0</u>  | Biological Tissue Frozen? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| Temp should be above freezing to 6°C | Correction Factor: <u>-0.3</u>   | Date and Initials of Person Examining Contents: <u>5/25/16</u> |   |                           |  |

|   |  |     | Comments:  |
|---|--|-----|--|
| Chain of Custody Present?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1.  |  |
| Chain of Custody Filled Out?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2.  |  |
| Chain of Custody Relinquished?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3.  |  |
| Sampler Name and Signature on COC?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4.  |  |
| Samples Arrived within Hold Time?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5.  |  |
| Short Hold Time Analysis (<72 hr)?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 6.  |  |
| Rush Turn Around Time Requested?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | 7.  |  |
| Sufficient Volume?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8.  |  |
| Correct Containers Used?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9.  |  |
| -Pace Containers Used?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |     |  |
| Containers Intact?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. |  |
| Filtered Volume Received for Dissolved Tests?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. | Note if sediment is visible in the dissolved containers.         |
| Sample Labels Match COC?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. |  |
| -Includes Date/Time/ID/Analysis Matrix: <u>wt</u>   |  |     |  |
| All containers needing acid/base preservation will be checked and documented in the pH logbook. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |     | See pH log for results and additional preservation documentation |
| Headspace in Methyl Mercury Container   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 13. |  |
| Headspace in VOA Vials (>6mm)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 14. |  |
| Trip Blank Present?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | 15. |  |
| Trip Blank Custody Seals Present?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |     |  |
| Pace Trip Blank Lot # (if purchased):   |  |     |  |

|                                |            |   |
|--------------------------------|------------|---|
| CLIENT NOTIFICATION/RESOLUTION |            | Field Data Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Person Contacted:              | Date/Time: |   |
| Comments/Resolution:           |            |   |
|                                |            |   |
|                                |            |   |
|                                |            |   |

|  |   |   |                            |   |   |
|--|---|---|----------------------------|---|---|
| FECAL WAIVER ON FILE   | Y | N | TEMPERATURE WAIVER ON FILE | Y | N |
| Project Manager Review: <u>M. Sin Woods</u>  |   |   | Date: <u>5/26/16</u>       |   |   |
| Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers) |   |   |                            |   |   |